

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Max Peter SEILER

Title: Isoquinoline-3-Carboxylic Acid  
Amides and pharmaceutical Uses  
Thereof

Appl. No.: 10/556,356

Filing Date: 5/11/2004

Examiner: Niloofar Rahmani

Art Unit: 1625

Confirmation 8929

Number:

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[ ] Assertion of Small Entity status is enclosed.

[ X ] The fee required for additional claims is calculated below:

	Claims		Extra		Additional	Claims Fee
	As	Previously	Claims	Present		
	Amended	Paid For			Rate	
Total Claims:	12	-	20	=	0	x \$52.00 = \$0.00

Independent Claims:	3	-	3	=	0	x	\$220.00	=	\$0.00
First presentation of any Multiple Dependent Claims:				+	\$390.00			=	\$0.00
							CLAIMS FEE TOTAL	=	\$0.00

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ ] Extension for response filed within the first month:	\$130.00	\$0.00
[ ] Extension for response filed within the second month:	\$490.00	\$0.00
[ X ] Extension for response filed within the third month:	\$1,110.00	\$1,110.00
[ ] Extension for response filed within the fourth month:	\$1,730.00	\$0.00
[ ] Extension for response filed within the fifth month:	\$2,350.00	\$0.00
	EXTENSION FEE TOTAL:	\$1,110.00
[ ] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$1,110.00
[ ] Small Entity Fees Apply (subtract ½ of above):		\$0.00
	Extension Fees Previously Paid:	\$0.00
	TOTAL FEE:	\$1,110.00

A credit card payment form in the amount of \$1,110.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 12/18/08

By P.D.S.

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